

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 006106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 11/14/2014
NAME OF PROVIDER OR SUPPLIER KINDRED HOSPITAL INDIANAPOLIS		STREET ADDRESS, CITY, STATE, ZIP CODE 1700 W 10TH ST INDIANAPOLIS, IN 46222		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>This visit was for one hospital licensure complaint investigation.</p> <p>Facility Number: 006106</p> <p>Date: 11/14/14</p> <p>Complaint Number: IN 00158022: Substantiated, with deficiencies cited related to the allegations.</p> <p>Surveyor: Linda Plummer, R.N., Public Health Nurse Surveyor</p> <p>QA Review: JLee 12-05-14</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is: (B) responsible for the following: (i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital. (ii) Maintaining a current nursing service organization chart.</p>	S 912		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based on policy and procedure review, medical record review, and staff interview, the nurse executive failed to ensure facility expectations were met, and policy instituted, related to documentation of the repositioning of patients who have poor skin integrity for 5 of 5 patients whose records were reviewed. (Pts. #1, #2, #3 - open records; and #4 and #5 - closed records.)</p> <p>Findings: 1. Review of the policy and procedure "Prevention and Treatment of Pressure Ulcers and Non-Pressure Related Wounds", HD WC 01-001, NCD POL:614, with a "release date" of 2/28/14, indicated: a. On page 3 under "Components", it reads in section 5: "Preventative and healthy skin care interventions are utilized and may include but not limited to: a. Reduce pressure, friction & shear 1) Repositioning at intervals determined per patients risk level and condition. A minimum of every 2 hours for those patients determined to be at moderate to high risk..."</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>2. Review of medical records indicated:</p> <p>a. Pt. #1 had a nursing plan for the patient that included "turns q 2 hours" with documentation indicating 2 hour repositioning did not occur on:</p> <p>A. 11/9/14 between 5:59 PM and 10:22 PM.</p> <p>B. 11/12/14 between 5:45 AM and 9:08 AM.</p> <p>b. Pt. #2 had a nursing plan for the patient that included "turns q 2 hours" with documentation indicating 2 hour repositioning did not occur on:</p> <p>A. 9/11/14 between 5:15 AM and 9:23 AM.</p> <p>B. 9/12/14 from 7:29 PM, and 12:45 AM on 9/13/14.</p> <p>C. 9/13/14 between 12:45 AM and 3:31 AM.</p> <p>c. Pt. #3 was admitted on 11/1/14 at 2:30 PM and had a nursing plan for the patient that included "turns q 2 hours" with documentation indicating 2 hour repositioning did not occur on:</p> <p>A. 11/1/14 and 11/2/14 lacked any 2 hour documentation for either day.</p> <p>d. Pt. #4 had a nursing plan for the patient that included "turns q 2 hours" with documentation indicating 2 hour repositioning did not occur on:</p> <p>A. 9/11/14 between 5:18 PM and 8:00 PM (with both indicating "supine" position, so no repositioning occurred)</p> <p>B. 9/15/14 between 1:40 PM and 4:31 PM.</p> <p>C. 9/17/14 between 2:23 AM and 6:34 AM, and 6:34 AM and 10:00 AM.</p> <p>D. 9/18/14 between 12:25 PM and 4:54 PM.</p> <p>E. 11/7/14 between 7:20 PM and 11:24 PM.</p> <p>e. Pt. #5 had a nursing plan for the patient that included "turns q 2 hours" with documentation indicating 2 hour repositioning did not occur on:</p> <p>A. 8/6/14 between 4:00 AM and 6:49 AM, and from 6 PM to 9:30 PM.</p>	S 912		

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S 912	<p>Continued From page 3</p> <p>B. 8/7/14 between 3:45 AM and 6:38 AM.</p> <p>f. Pt. #5 also had right and left heel pressure ulcers noted on admission, with wound care to be each Monday, Wednesday and Friday. Documentation indicated that the 8/6/14 (Wednesday) and 8/18/14 (Monday) wound care was not documented as having been done by either the wound care nurse, or a floor nurse.</p> <p>3. Interview with staff member #11, the facility wound nurse, at 11:12 AM on 11/14/14, indicated:</p> <p>a. The facility uses a variety of different mattresses, and overlays, depending on a patient's particular skin care problems or needs.</p> <p>b. Regardless of the type of mattress a patient may have, even with alternating pressure mattresses, every patient is to be repositioned every two hours.</p> <p>4. Interview with staff member #18, the nurse manager, at 3:00 PM and 3:45 PM on 11/14/14, indicated:</p> <p>a. A physician order is not required to place patients on an every 2 hour repositioning protocol/care plan. Nursing staff does this based on the Braden Scale results and per facility protocol/expectations.</p> <p>b. Review of the medical records for patients #1 through #5, as listed in 2. above, indicates that nursing staff are not documenting every two hour repositioning as required per the facility policy and standard of practice.</p> <p>c. Pt. #3 is lacking documentation for the first two days of admission that they were repositioned every 2 hours.</p> <p>d. No documentation of wound care could be found for Pt. #5 for 8/6/14 and 8/18/14, so that the wound care orders were not documented as performed as written.</p>	S 912			

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